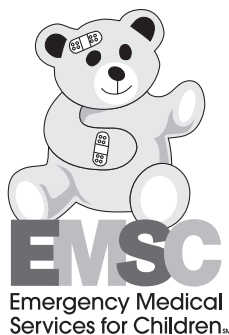


THE DO'S AND DON'TS OF TRANSPORTING CHILDREN IN AN AMBULANCE



Approximately six million children are transported by emergency medical services (EMS) vehicles each year in the United States. There are risks of injury associated with transport that can be minimized. An

ambulance is NOT a standard passenger vehicle. Unlike the well-developed and publicized child passenger safety standards and guidelines, specifications for the safe transport of ill and injured children in ambulances are still under development. Standard automotive safety practices and techniques cannot be applied directly to EMS vehicle environments due to biomechanical and practical differences. Caution is encouraged in the application of passenger vehicle principles to ambulances and in the utilization of new and unproven products.

The Emergency Medical Services for Children (EMSC) Program supports efforts to improve the safety of pediatric patients being transported in EMS vehicles. Through an EMSC grant, the Division of Pediatric Emergency Medicine at Johns Hopkins Children's Center is working to fill critical knowledge gaps and developing standards for pediatric EMS transport safety. Project results should be available in the year 2000.

A national consensus committee, sponsored by the EMSC Program, is reviewing current EMS child transportation safety practices. The group, which includes representatives from EMS national organizations, Federal government agencies, and transportation safety engineers, is developing preliminary recommendations for EMS providers until scientific research is completed.

There are certain practices that can significantly decrease the likelihood of a crash, and in the event of a crash or near collision, can

significantly decrease the potential for injury. These practices are listed below. Importantly, as is mandated in several states, the NHTSA Emergency Vehicle Operating Course (EVOC), National Standard Curriculum or its equivalent is an integral part of this transport safety enhancement.

Pending research and consensus outcomes, the following guidelines for good practice should be observed when transporting children in EMS vehicles.

DO's

- ✓ **DO** drive cautiously at safe speeds observing traffic laws.
- ✓ **DO** tightly secure all monitoring devices and other equipment.
- ✓ **DO** ensure available restraint systems are used by EMTs and other occupants, including the patient.
- ✓ **DO** transport children who are not patients, properly restrained, in an alternate passenger vehicle, whenever possible.
- ✓ **DO** encourage utilization of the DOT NHTSA Emergency Vehicle Operating Course (EVOC), National Standard Curriculum.

DON'Ts

- ✗ **DO NOT** drive at unsafe high speeds with rapid acceleration, decelerations, and turns.
- ✗ **DO NOT** leave monitoring devices and other equipment unsecured in moving EMS vehicles.
- ✗ **DO NOT** allow parents, caregivers, EMTs or other passengers to be unrestrained during transport.
- ✗ **DO NOT** have the child/infant held in the parent, caregiver, or EMT's arms or lap during transport.
- ✗ **DO NOT** allow emergency vehicles to be operated by persons who have not completed the DOT EVOC or equivalent.

